



Eamon Foundation Inquiry for Funding

Organization Information

ORGANIZATION NAME

ADDRESS

PHONE

FAX

WEBSITE

Contact Information

NAME

TITLE

PHONE

FAX

EMAIL

Executive Director

NAME

TITLE

PHONE

FAX

EMAIL

Board Chair

NAME

TITLE

PHONE

FAX

EMAIL

Financial Information

ANNUAL OPERATING BUDGET

FISCAL YEAR END MONTH

NUMBER OF FULL TIME EMPLOYEES

NUMBER OF PART TIME EMPLOYEES

Proposal Information

PROJECT NAME

PURPOSE OF PROJECT

ESTIMATED PROJECT START DATE

ESTIMATED PROJECT END DATE

TOTAL PROJECT COST

AMOUNT REQUESTED

POPULATION AND NUMBER OF PEOPLE SERVED BY THIS PROJECT

Project Description

DESCRIBE THE PROJECT FOR WHICH YOU ARE REQUESTING FUNDS

Outcomes

INDICATE THE PROJECT'S SPECIFIC, MEASURABLE OUTCOMES EXPECTED FROM THIS PROJECT AND HOW YOUR ORGANIZATION WILL MEASURE THOSE OUTCOMES

I certify, to the best of my knowledge, that:

1. The tax-exempt status of this Organization is still in effect,
2. This Organization does not support or engage in any terrorist activity, and
3. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorism or used for any other unlawful purpose.

SIGNATURE DATE :

SIGNATURE

NAME OF PERSON SIGNING

TITLE OF PERSON SIGNING